

# STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <b>EDGEMONT HERALD TRIBUNE</b>		2. DATE <b>09-27-2013</b>
3. FREQUENCY OF ISSUE <b>WEEKLY</b>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <b>51</b>	3B. ANNUAL SUBSCRIPTION PRICE \$ <b>31 / \$39 / \$40</b>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <b>PO BOX 660/410 SECOND AVE, EDGEMONT, FALL RIVER CO, SD 57735-0660</b>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <b>PO BOX 660, EDGEMONT, SD 57735-0660</b>		
6. FULL NAME OF PUBLISHER: <b>ANNE IRENE CASSENS</b>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">FULL NAME <b>CASSENS COMPANIES INC, PO BOX 660, EDGEMONT, SD 57735-0660</b></div> <div style="width: 45%;">COMPLETE MAILING ADDRESS <b>CASSENS COMPANIES INC, PO BOX 660, EDGEMONT, SD 57735-0660</b></div> </div>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. <b>NONE</b>		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	850	850
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales.	215	189
2. Mail Subscription (Paid and or requested)	450	442
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	600	585
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	20	20
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	30	30
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	650	635
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	135	169
2. Return from News Agents	65	46
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	850	850

**Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public**  
**I swear that the statements made by me are true, correct, and complete:**

*Anne Cassens*  
 (Signature)

EDITOR/PUBLISHER

(Title)

State of South Dakota

County of Fall River

(Seal)



Sworn to before me this 27<sup>th</sup> day of September, 2013

*Andrea Emile Collins*  
 (Notary Public)

My commission expires: June 17, 2019